



Connecticut General Statute (C.G.S) Section 17a-6e

Report on the
Department of Children and Families'
Racial Justice Data, Activities and Strategies

February 15, 2023



The Honorable Ned Lamont
Governor

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Commissioner

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DCF OVERVIEW:

The Department of Children and Families (CTDCF/Department) is the Child Protective Services (CPS) agency in the state of CT. CT DCF is responsible for the legislative mandates of prevention, child protective services, children's behavioral health, and education. The Department provides contracted as well as direct child protective services through a central office, fourteen (14) area offices, and two (2) facilities. The Department operates a Wilderness School that provides experiential educational opportunities; and is responsible for operating Unified School District II, which is a legislatively created local education agency for foster children with no other educational nexus or who are residents in one of the Department's facilities. In addition, the Department is responsible for prevention and children's behavioral health services using an Anti-Racist, equitable, and trauma informed approach.

DCF's mission is: "Partnering with communities and empowering families in order to raise resilient children who thrive". The Department continues its efforts to sharpen the safety focus through prevention across the child welfare system. The mission is supported by the following 5 bold strategic goals (figure 1) 1: Safety, 2: Permanency, 3: Racial Justice, 4: Wellbeing, and 5: Workforce. As part of the larger child welfare system, the Department works in partnership with several entities to ensure a holistic understanding of the children and families' strengths and needs. The 5 identified goals are compensatory, integrated and support the overall mission of the Department.

Figure 1: Department of Children and Families Strategic Goals:



The Department takes pride in its organizational values and works with purpose to ensure that all employees and partners contribute to the overall vision. The Department is driven by its values and mission which ultimately allows for prioritizing practice and striving to deliver high quality service to all families and partners. The Department values people by seeing the humanity in everyone and continually works to bring out the best in colleagues and the families and children that are served.

Commitment to Anti-Racism

CTDCF has remained committed to be an Anti-Racist child welfare system whose beliefs, values, policies, and practices eliminate racial and ethnic disparities. The Department is responsible for elevating the focus on racial equity and support for children and families of color, who have been historically and systemically disadvantaged, underserved, or marginalized. We continue to examine and redesign the CTDCF as an authentically Anti-Racist and trauma-informed agency. Our progress in fair assessment and equitable responsiveness is evident across its structures, policies, practices, norms, and values. CTDCF has acknowledged that children and families of color (Black, Latino) are disproportionately over-represented system-wide and experience disparate outcomes at all levels in comparison to White children and families. CTDCF also understands that disparities are not solely a result of race or ethnicity; therefore, differences across groups can be explained by biases, systemic inequity, and structural racism (*i.e.*, the design and operation of policies, practices, and programs). As the agency continues to move the needle forward towards its strategic goal of Racial Justice (eliminate racial and ethnic disparate outcomes within our Department), CTDCF recognizes that intentional action is needed to identify disparities in areas of decision-making (*e.g.*, service delivery and outcomes); inclusion of those with lived experiences; partnership with community providers and ensure they represent those they are serving; address the function that policies, practices, and programs may play in contributing to those disparities; and implementation of system-wide action plans to advance racial equity and justice.

As a nation, we continue to navigate the global pandemic which impacted people of color the hardest and at alarming disproportionate rates, especially related to economic status and healthcare. This disparate impact of the global pandemic only served to exacerbate the persistent and long-standing racial inequities that existed well before the pandemic; education, health, and economic/income inequities, along with unequal access to social resources. These times have elevated the need to address these inequities, not only in the child welfare system, but in other systems across society as well. As a Department, we will continue assess the impact of the pandemic on the children and families we serve and ensure that we identify ways of addressing their needs.

In our attempt to intentionally integrate racial equity and Anti-Racist approaches into all areas of our work, CT DCF has created opportunities and spaces to convene in which multidisciplinary perspectives are invited to critically examine current practices and policies. This is most visible at the bi-monthly Statewide Racial Justice Workgroup meetings where members are represented from each Area Office across the state, each of the Central Office Divisions, the facilities, contracted service providers, system partners, University partners, and, most critically, parents and partners from the community itself. This representation is a model for how far-reaching CTDCF's racial justice work has become – demonstrating that the child welfare system is much more than the single agency alone. The goals for cross-system alignment, collaboration, and collective action are considered at all levels and are brought to the table at every meeting

The most concrete example of the impact of this cross-disciplinary work has been infusing the CTDCF ABCD Paradigm (Child Safety Practice Model; to be discussed further below) practice guidance development with the expertise of the Statewide Racial Justice Workgroup (SRJWG) Subcommittee Chairs. With an existing infrastructure for the ABCD Paradigm anchored in a statewide cross-agency Implementation Team, the Chairs of each SRJWG Subcommittee were named as standing members of this team. In this role, they were not only asked to review and provide feedback on all written practice guidance documents, but they participated as full members in the bi-monthly review discussions. This collaboration of diverse perspectives provided opportunities to review the guidance, line by line, and openly discuss the opportunities for disrupting and addressing potential implications for biases in engagement, assessment, and decision-making. This partnership was further deepened through the active leadership of the Bureau

Chief of Child Welfare together with the Director of the Academy for Workforce Development. These two leaders were able to ensure the discussions within this group were intentionally infused into practice and training for all CTDCF staff, just as the Subcommittee Chairs were able to bring these critical discussions and decisions back to their respective subcommittees.

In addition to the intentional integration with this foundational practice model (the ABCD Paradigm), the data and Quality Improvement (QI) Teams continue to inform all areas of performance and discussions related to disparities and progress at CTDCF. Data is not only disaggregated by decision-point, but also by individual Area Office and plotted over time. Regular discussions are held regarding trends, progress, and concerns, and these discussions form the basis for determining priorities within individual offices as well as across the state.

Becoming an Anti-Racist organization is a key part of our identity. As an Anti-Racist organization, CTDCF will decisively identify, discuss, and challenge issues of race, culture, and biases and the impact(s) they have on our agency, our families, our community, and ourselves. Awareness and understanding of race, ethnicity, cultural perspectives, linguistic needs, religious beliefs, sexual orientation, gender identity, immigration status, lived experiences, and social influences of equity such as poverty will be honored throughout all comprehensive assessments, decision-making, and best-matched service delivery. Meaningful engagement using an equitable, trauma-informed approach will help identify and correct any inequities found within the agency and in the provision of services for families reflective of diverse cultural backgrounds and/or who have been systemically underserved, marginalized, and adversely impacted by persistent social injustices. The Department continues its commitment to embed racial equity in all guiding principles, values, and foundations for our work and move toward the vision of racial justice.

Statewide Racial Justice Workgroup:

The Department's racial justice journey has a deep history, including the evolvment and growth of its Statewide Racial Justice Workgroup (SRJWG). The work of the DCF Statewide Racial Justice Workgroup continues to be charged with cultivating and sustaining an environment in which employees and DCF partners can feel safe to discuss the impacts of racism, power and privilege on agency policies and practices. This workgroup has afforded DCF, its community providers, and family partners the opportunity to 'turn the mirror inward' on our own worldviews and how such cultural perspectives and lived experiences shape our daily decision making and biases, both implicitly and structurally. DCF continues to invite a variety of stakeholders and partners including representatives of other systems, contracted providers and most importantly community partners and family advocates to examine the impact of social inequities, biases, and racism (internal, interpersonal, institutional, and structural) on the families and communities and throughout our helping systems.

Our Statewide Racial Justice Workgroup (SRJWG) and its four sub-committees (Workforce, Data, Service Systems and Policy and Practice) continue to be integral to informing and shaping the broader child welfare System, the statewide racial justice agenda, and serves as a vital advisory role to state leaders. The SRJWG continues to meet on a bi-monthly basis with an average of 60 to 80 invested individuals present in attendance. The SRJWG tri-chair Leads facilitate the meetings in which the participants are diversely representative of each of the Department's regional area offices, Central Office Divisions, the facilities, community stakeholders, system partners, and the families we serve. This cross-system alignment creates opportunities for participants at all levels to connect, share progress, identify challenges and barriers, and prioritize activities, practices, and next action-oriented steps for continuing to advance our Anti-Racist work.

Juan F. Consent Decree Resolution

In March 2022, the United State District Court for the district of Connecticut approved the motion to terminate jurisdictional oversight of the Department; and after many years the agency was able to exit the Juan F. Consent Decree. The final signed outcome of the Motion noted recognition of the Department's intentional efforts and significant strides in embedding racial justice initiatives throughout its practices. While work still is needed, progress had been made. Striving for institutional transformation is our goal as we do not want to make small transactional changes but rather make the changes that fundamentally transform how we work with children, families, the communities we serve, and one another. The Departments' commitment to eliminate racial disparities has not wavered and further assessment will be done. Strategies will be implemented to ensure that movement in the right direction continues. Agency and division leads have begun to re-evaluate the change initiatives that were previously implemented to determine where shifts are needed in order to create greater impact and to identify those that are showing promising results in order to scale up and implement throughout the state. Divisions, Facilities and Area office leads will continue to reference the data in order to determine next steps.

The report that follows is an illustration of trends and efforts captured by CT DCF for the timeframe that falls under State Fiscal Year (SFY) 2022 (July 1, 2021-June 30, 2022) and/or calendar (CY) 2022 (January 2022-December 2022). For a more detailed history of the Department's journey on addressing racial inequities please refer to the initial submission dated February 15, 2019, subsequent reports and/or the CT DCF Racial Justice website for further information. The information captured will illuminate the Department's rich array of data that is being used to inform strategies to eliminate disproportionality and disparate outcomes across key decision points. In addition, the report will speak to a selection of services, programs and other entities that in which the Department partners with to ensure families are receiving the best support and outcomes.

Racial Ethnic Disproportionality Across the CT Child Protection System:

The Department has made a commitment to eliminate racial disparity in all areas of its practice. To this end, The Department disseminates and uses its data, routinely disaggregated by race, ethnicity and other demographics, to identify areas of strength and opportunities for improvement. Such analyses allows DCF to assess its progress in reducing disproportionality across its pathway (e.g., decision points/events). Cross-examining its data from a racial justice perspective better allows for further opportunity to ensure that the Department provides quality, equitable, and outcome driven care for the children and families in Connecticut.

CTDCF continues to have strong data infrastructure that is accessible to all staff in order to support the evaluation of its practices and outcomes through a racial justice/Anti-Racist perspective. The Department has deliberately invested in capabilities that allows us to disaggregate most reports by race and ethnicity. This provides agency leaders the ability to observe trends, which then inform strategies to eliminate the racial and ethnic disparate outcomes within CTDCF. This report will touch upon key data points captured in the pathways data set from SFY 2022 that are considered key components in the Department's efforts to achieve equitable outcomes.

A foundational tool created in 2013 that has been consistently used by the Department, is the "Racial/Ethnic Disproportionality Across the CT Child Protection System Data" referred often as the "CTDCF Pathway Data." (Figure 2 below). This data set graphically presents the distribution, by race/ethnicity, of children served across Connecticut child protection system at key decision points. The data that is included in the DCF pathways is compared to the child population in CT that stemmed from the U.S. Census. The Department received the results from the 2020 U. S. Census Bureau and now has updated information and more accurate data on the demographics and population of the families and children served in CT. The CT DCF Office of Performance Management and Evaluation conducted a comparison of 2010 and 2020 Census of the child population and they found that the overall child

population declined by 9.8%. The Hispanic/Latino child population increased by 20% and the Black child population declined by 7%. The child population for Other race increased by 39% while the White children population decreased by 10%.

The demographics of Connecticut have noticeably changed between 2010 and 2020. One specific change was in the increase in both the Hispanic/Latino and Other Race populations, and a decrease in the population identifying as White and a slight decrease in the population identifying as Black. Several explanations for these results were offered by CT Data Collaborative. They indicated that falling birthrates of White women, increasing birthrates of Hispanic/Latina and Asian women, a cultural shift towards multiracial identities, and changes to the latest census form to better capture such diversity, all contributed to this dynamic. The 2020 Census data was used to create revised comparison data and more accurate trend lines including, areas of progress across the previous three years.

The pathway data are produced for every Region and Area Office in the state and then shared statewide. Along with moving the needles on the DCF Outcomes/Key Results, these are also some of the "needles" that we are striving to move in eliminating racial disparities. CTDCF has made the commitment to consistently look at the data available related to child outcomes to ensure the strategies that are developed address specific areas of need while being intentional in helping CTDCF become an Anti-Racist organization.

Figure 2: Statewide Racial/Ethnic Disproportionality Across the CT Child Protection System SFY22

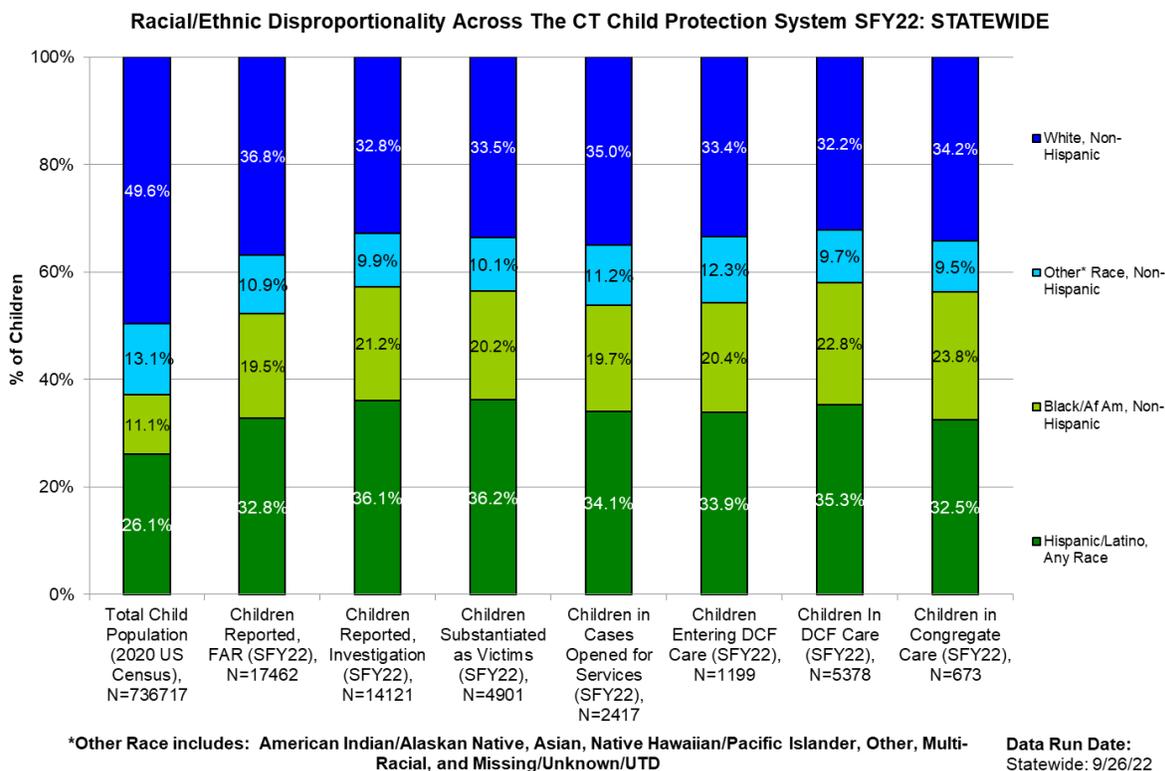


Figure 2 above shows the percentage of each racial group that comprises the CTDCF child population at each stage of involvement (key decision point), in comparison to the general CT child population in the 2020 US Census. Each bar depicts the stage or level of child welfare agency involvement. Further, each segment represents the total unique child population of each race/ethnicity observed for that specific stage. Disproportionality occurs when racial/ethnic groups in the child welfare agency child population are under

or over-represented compared to the general child population. The above data continues to reveal considerable overrepresentation of Black/African American and Hispanic/Latino children in all areas along the pathway decision points.

Comparing State Fiscal Year (SFY) 2022 pathway data to (SFY) 2021 pathways data indicates that there was an increase in disproportionality in the decision points for Investigation, Substantiation, Entering Care, In Care and Congregate Care for the population that are Hispanic/Latino children. In contrast, for this racial group there was a significant decrease in disproportionality for the decision point of Opened for Services. When looking at the disproportionality for the population of Black/African American children, the decision points of FAR and Congregate Care remained relatively consistent. However, for this racial group there was a decrease in disproportionality for most of the decision points including Investigations, Substantiations, Opened for Services, Entering Care and In Care. Finally, when comparing SFY22 pathways data to SFY21 pathways data for population of Other Race, Non-Hispanic children, there was an increase in disproportionality for all decision points, apart from FAR which showed a decrease. The opposite is seen for the White children racial group, with disproportionality rates decreasing at all decision points except for FAR which showed an increase; an increase in the FAR pathway is considered favorable as these are the families with the lowest risk.

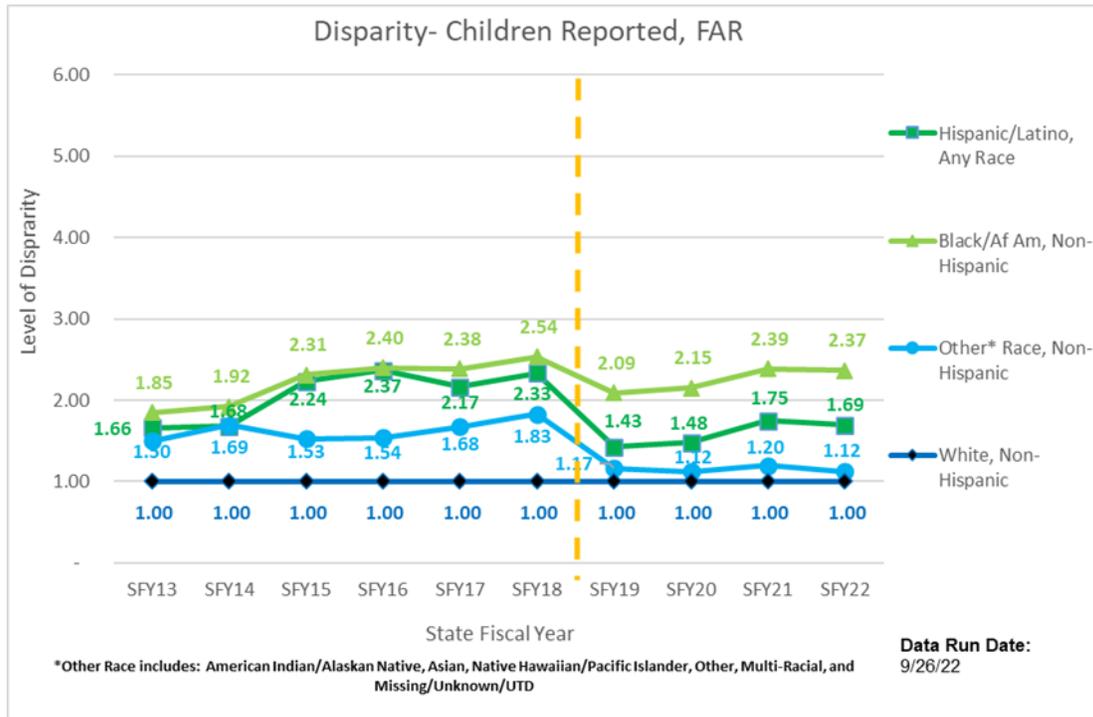
It is important for us to continuously understand the family's story that the data is telling us in comparison to the state's changing demographics.

In contrast to the Disproportionality percentages shown in Figure 2, the Disparity Index compares disproportionality between one racial/ethnic group and a reference racial/ethnic group. The Disparity Index is calculated by dividing a racial/ethnic group's Disproportionality Index by the reference racial/ethnic group's (usually White) Disproportionality Index. The results indicate, for example, at what rate Black/African American children are reported to CTDCF via the investigation track in comparison to the rate of White children. This allows us to view the differences in rates between the groups, i.e., "Black/African children are reported to DCF via the investigation track at a rate that is (e.g., 2.8) times greater than White children." Figures 3-9 show the Disparity Index trends over the last nine years (SFY13 to SFY22) for each bar in the pathway.

Looking at the data via the disparity index trend perspective can clarify the effectiveness of interventions and assist in creating strategies that will ultimately impact the direction of the trend and the outcomes for families and children. The strategies implemented need to be equitable and continuously assessed to ensure that the trends are moving in the right direction. In CTDCF, not only are children of color overrepresented at all stages of the child welfare system (disproportionality) but disparities also continue to exist with Hispanic/Latino children, Black/African American children and in some instances Other, Non-Hispanic children when compared to White, Non-Hispanic children. African American and Hispanic/Latino children are more likely to be substantiated for maltreatment, removed from their homes, and remain in care longer than White children. These data indicate that most aspects of the pathway require continued attention to eliminate the observed disparities.

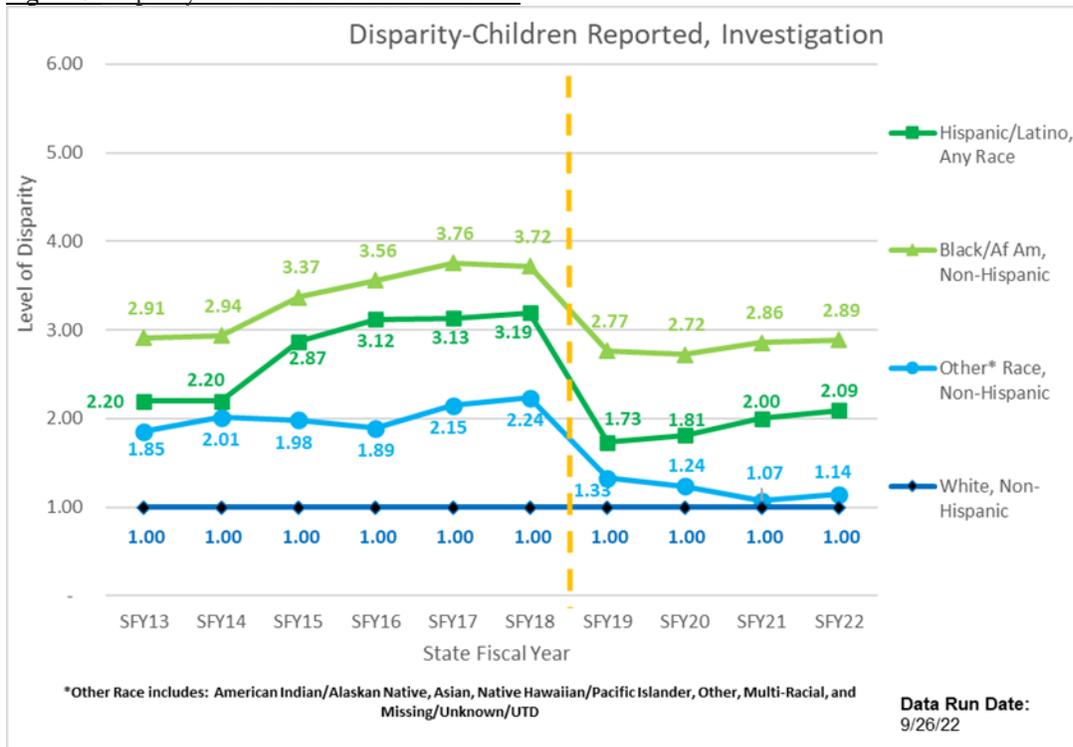
Figure 3: Disparity Index Trends: SFY 2013-2022

****Please note the yellow dotted lines denote the switch to using 2020 Census data. The years left of the line (2013-2018) use 2010 Census data while the years to the right on the line (2019-2022) use 2020 Census data for comparison** Thus, the years prior to 2019 should not be compared directly to 2019-2021.**



With respect to accepted FAR reports (Figure 3), in SFY2022 the disparities for children referred to the FAR track slightly decreased in comparison to SFY2021. This can be interpreted as a negative trend, as in this data set, we hope to see the referrals in the FAR pathway trending upward (increase) as those families referred to FAR have low risk factors and do not require a determination of substantiation.

Figure 4: Disparity Index Trends: SFY 2013 - 2022:



While there was a decrease in disparity rates in FAR, an increase was seen in the reports accepted as investigations (Figure 4). Black/African American children are 2.89 times more likely to be reported for investigations than White Non-Hispanic children; Hispanic/Latino children are 2.09 times more likely. These disparities are slightly higher than those in SFY21 which indicates that more reports were being taken on as investigations instead of FAR referrals. It is important to note that due to the lifting of many COVID-19 protocols within schools and workplaces, more reporting was able to occur during SFY22. Reports received between SFY20-21 were dramatically impacted by COVID-19. Reports made to CTDCF during the height of the pandemic continued to be received by law enforcement, medical personnel and other mandated reporters, at lower rates, however. The reports made by school personnel significantly dropped in comparison to years prior. At this point in time, this drop in reporting by all mandated reporters did not appear to affect the safety of children. Thus, as time progresses, further analysis will need to occur in order to understand the impact on reporting as well as the potential impacts on disparities and the implications this has for the potential of over surveillance and reports on families of color.

Figure 5: Disparity Index Trends: SFY 2013-2022:

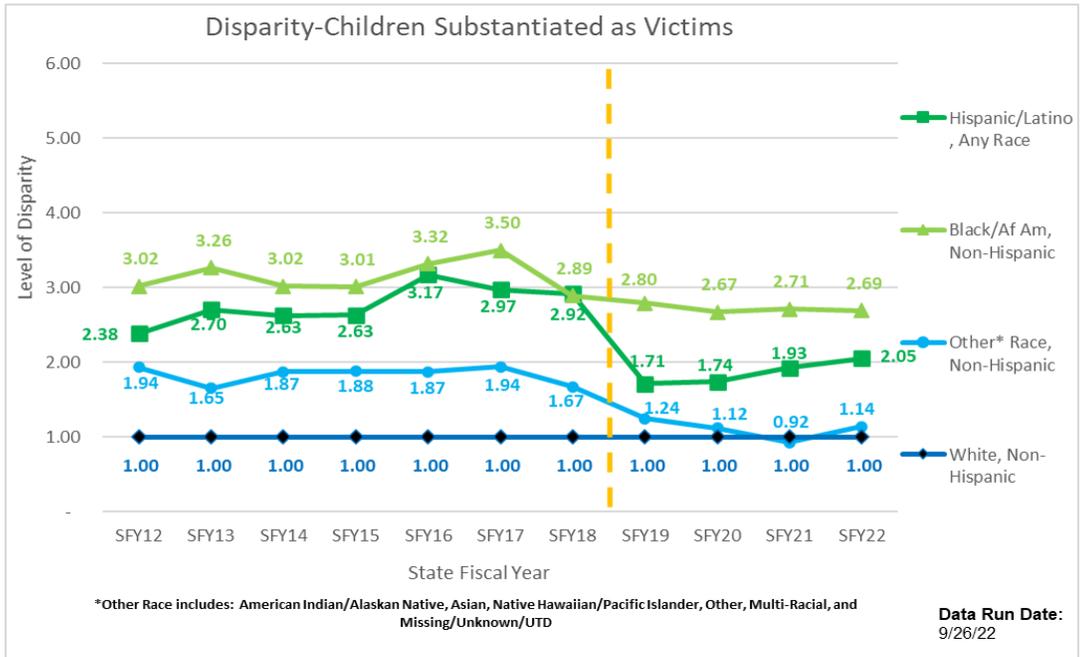
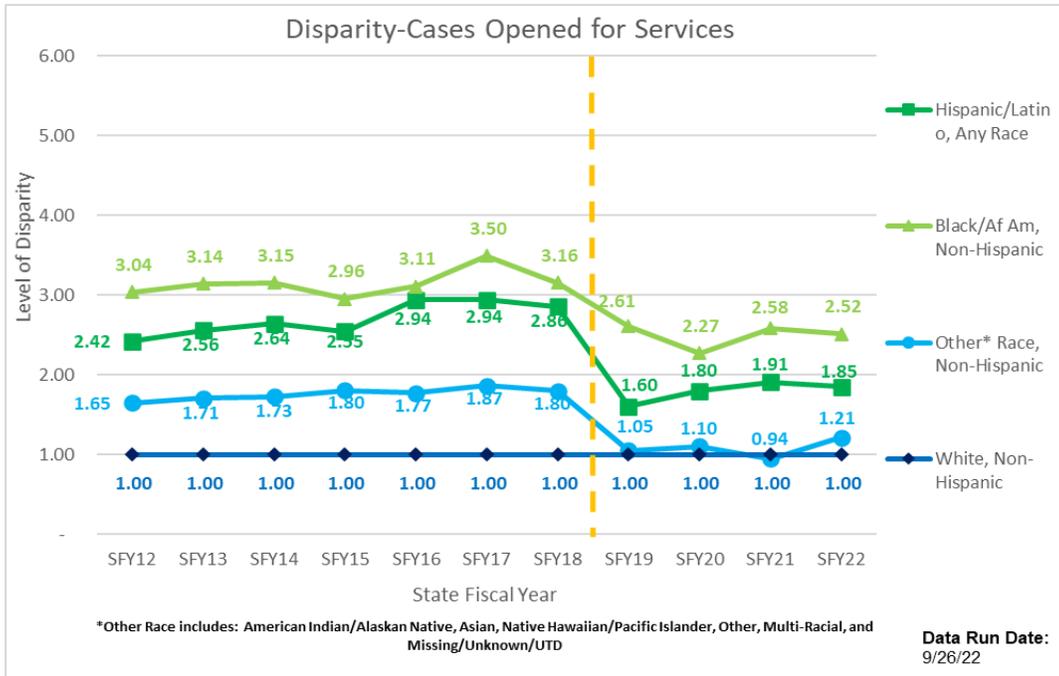


Figure 6: Disparity Index Trends: SFY 2013-2022:



With respect to children being Substantiated as Victims (Figure 5) there was little change from SFY2021 to SFY2022 for Black/African American children. There was an increase for Hispanic/Latino children and a significant increase for children in the Other race category, with this group being more likely than White children to be substantiated as a victim; compared to SFY21 where the disparity index was below that of White children. Contrary to last year, in cases opened for services (Figure 6), Black/African American children and Hispanic/Latino saw decreases in their disparity indices. Similarly, to Substantiated victim trends, Other Race trends were above the White children disparity index, despite falling below it in SFY21.

Figure 7: Disparity Index Trends: SFY 2013-2022:

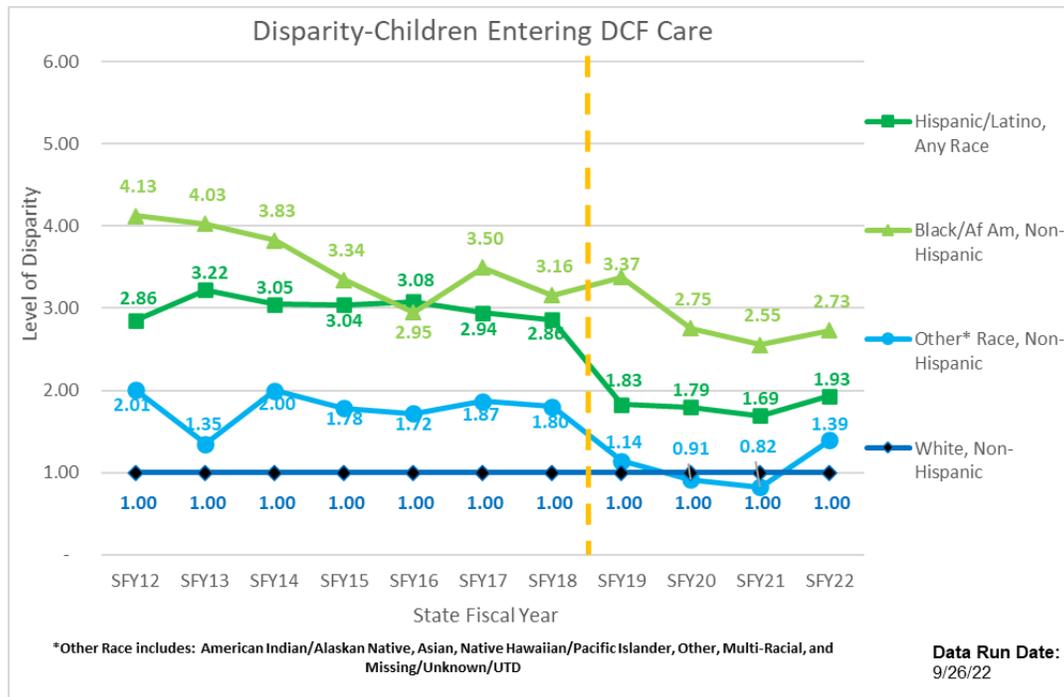
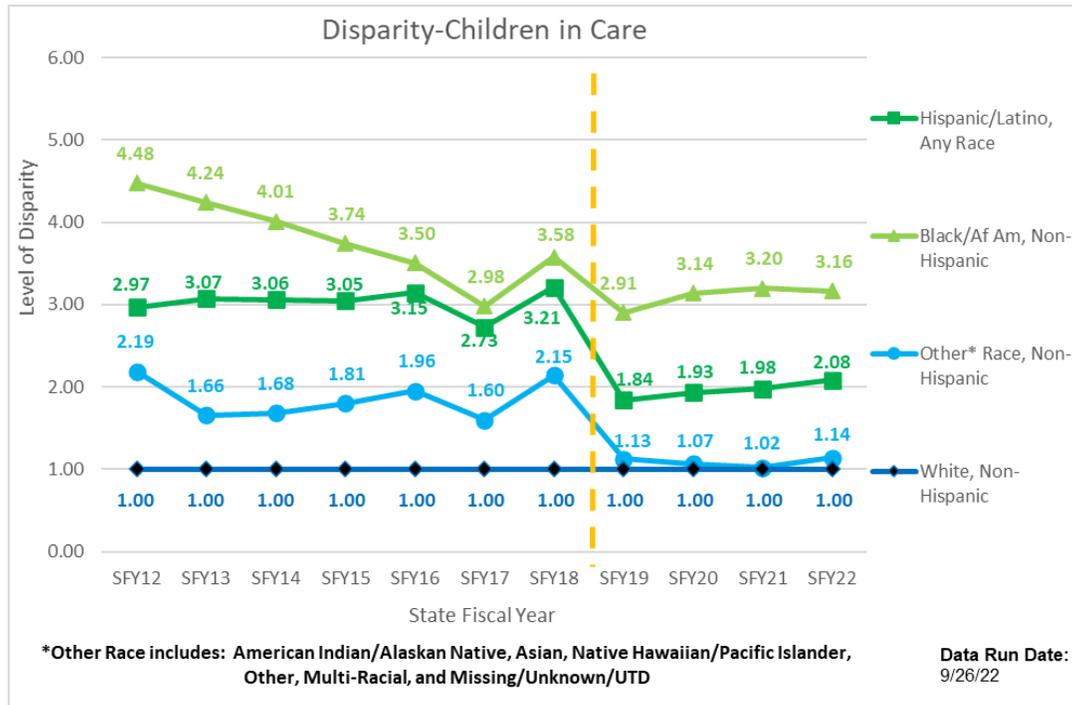
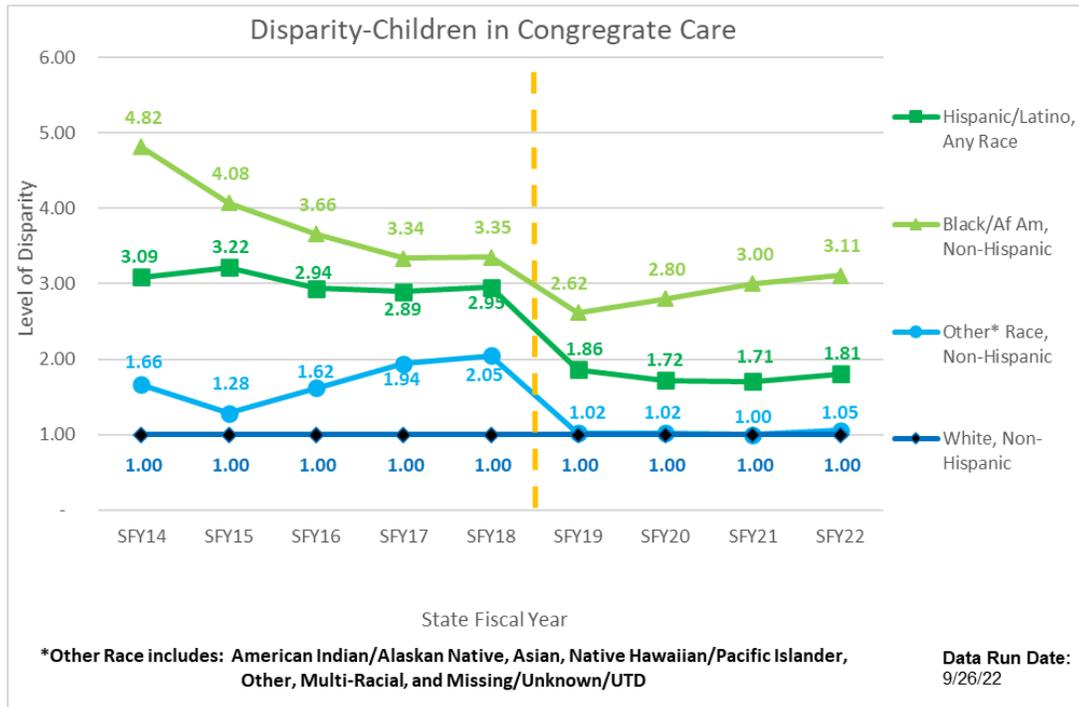


Figure 8: Disparity Index Trends SFY 2013-2022:



Overall, the disparity index continues to be higher for Black/African American children and families at all decision points across the pathway, indicating that there is still work to be done in order to reach an equitable system. Children entering care (Figure 7) showed an increase for Black/African American children. For Hispanic/Latino children there was a similar increase. Other Race children saw a significant increase and ceased its continuous trend from SFY2021 of being less likely to enter DCF care than White children. We do however see a positive trend for Black/African American Children in Care (Figure 8) with a decrease in disparity, although they are still 3.1 times more likely to be in care in comparison to White children. More importantly, further analysis of these trends will provide CTDCF with the necessary tools to continue to offer proper support to the children and families in the state and further the goal of being an Anti-Racist agency.

Figure 9: Disparity Index Trends SFY 2013-2022:



Collectively, the Disparity Index Trend data demonstrate that the Department must engage in further exploration of the specific sectors of the pathway to identify opportunities to reverse emerging trends of increased overrepresentation and disparity. Moreover, these trends when coupled with other contextualizing data, offer insights into some factors that may impact the experiences and outcomes for families and children of color. Our Anti-Racist work and racial justice initiatives are being constructed to address these trends as we continue to strive to eliminate disparities and achieve racial justice and equity for all children and families served by CTDCF.

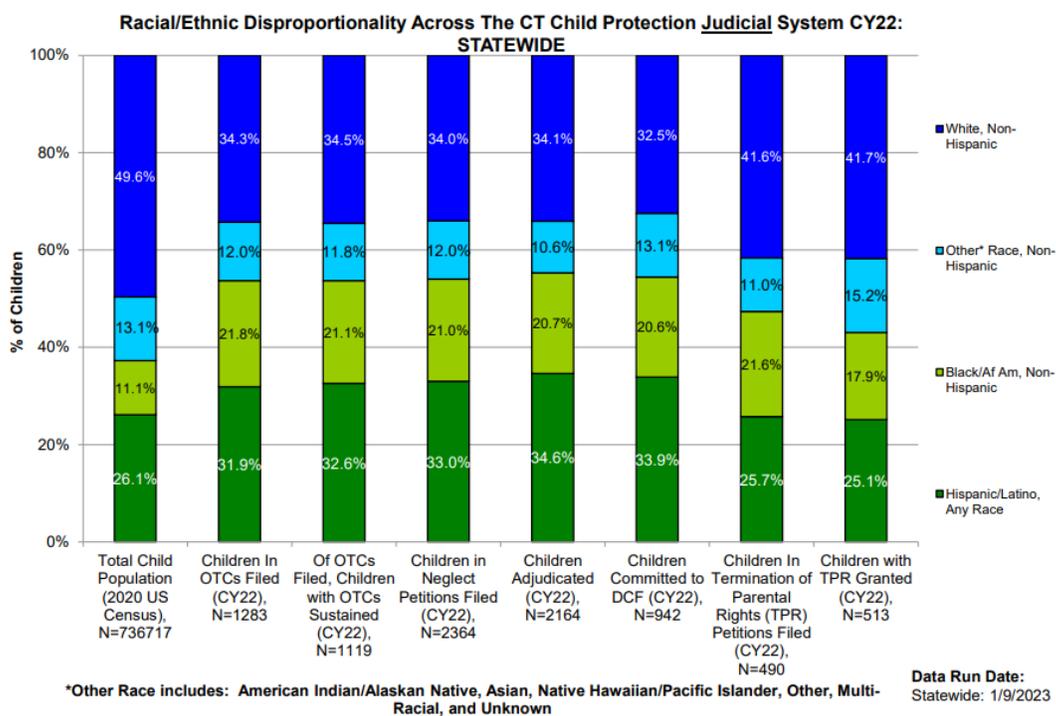
As part of CTDCF's commitment to expanding our racial justice/ Anti-Racist work beyond our internal agency, we have been equally committed to partnering with community providers within the broader children protection system to ensure fair, just, and impartial treatment outcomes. Inclusion of our community stakeholders emphasizes a partnership which is necessary for Anti-Racist transformation of practice, policy and equitable service delivery to transpire. Similar to the pathways data observed above in Figure 2, the Department has engaged in collaboration with the CT Superior Court for Juvenile Matters to support their efforts in understanding the underlying drivers of racial disparity by developing a similar pathway highlighting data patterns and trends across child welfare judicial decision points. This work is expected to continue and expand throughout the next year.

The following data (Figure 10) depicts the race/ethnicity distribution of child welfare populations along with the general child population. These figures were drawn to gain greater insight into the racial makeup of the children involved with the Superior Court for Juvenile Matters (SCJM) due to involvement in the Connecticut Child Protection System as it compares to the Connecticut child population as a whole. This data does not include children/youth involved with SCJM solely for Juvenile Justice matters. The charts and graphs in this report outline the percentage of the populations that each racial category comprise. In addition, the report expresses how these percentages differ with regard to each level of SCJM involvement.

The degree of divergence for each racial/ethnic group between the general child population and the children at each stage of child welfare involvement represents the extent that children are disproportionately represented in the system at each stage, for the location represented. Each of the bars represents the set of all children observed within that stage during CY22.

This data should help readers appreciate the degree to which children of various racial/ethnic groups are overrepresented or underrepresented at various points of intervention with the SCJM for child protection issues. Additional analysis will be provided in the near future that will help illuminate how to examine differences between racial/ethnic groups in a valid way. Black/African American and Hispanic/Latino children are over-represented in the court systems as well; therefore, collaboration between CT DCF and (SCJM) creates an avenue to decrease or eliminate racial inequities and biases that are often exacerbated for families of color when multiple systems overlap.

Figure 10: Statewide Racial/Ethnic Disproportionality Across the CT Child Protection JUDICIAL SYSTEM CY22



Immigration Practice

In 2020, 17.3% of Connecticut’s population identified as Hispanic or Latino of any race. Per figure 2, the total child population in CT for Hispanic/Latino of any race makes up 26.1%. The overrepresentation of Hispanic/Latino children in the child welfare system remains to be a concern. There are many variables that one should consider when servicing families of Hispanic/Latino background specifically those that are undocumented. During this national reckoning on race, the disparate impact on Hispanic/Latino families and children cannot be overlooked.

CT DCF is serving more undocumented case participants across the board, especially in the Norwalk, Bridgeport, New Haven and the Danbury Area Offices. Inquires and requests for consultation with the Director of Immigration Practices are often times requests for potential solutions regarding DCF clients’ immigration statuses, such as access to U Visas, Special Immigrant Juvenile Status and Asylum. Other concerns raised are related to obtaining access to mental health and medical services for those who do not have health insurance. Due to the increase in immigration-related consultations, there have been 12 half

day trainings in DCF area offices and another 14 such trainings in community agencies, colleges and universities throughout Connecticut. In addition, there is a monthly Immigration Practice Training available through the DCF Academy for Workforce Development for DCF employees and community providers. The subjects of this training are as follows: legal remedies, health care resources, the dynamics of the migration process, the effects of complex trauma on engaging immigrants, family dynamics and information about the community agencies which assist immigrants. This training is routinely updated as immigration law and federal policy change frequently.

The Department has limited data on our undocumented families. The division of Performance Management has been informed and is looking for ways to mitigate this. Many families that come to the attention of the Director of Immigration Practice are undocumented people who have little access to any kind of health care. There is a concern related to the possibility of repeat maltreatment in this context, as well as inappropriate referrals to DCF because resources are so limited.

CTDCF is currently collaborating with several other state agencies, including DSS, DPH, DMHAS and the Connecticut National Guard, in coordinating Welcome Centers for newly arrived migrants to Connecticut.

ABCD Child Safety Practice Model: The Intersection of Racial Justice and Safety:

The Department recognizes there is a strong relationship between race and neglect when assessing for behaviors and conditions that impact child safety. Often, circumstances stemming from underlying problems of poverty or low economic status can be misunderstood and misconstrued as a direct or indirect contributor of child neglect. For example, unaffordable housing, low income, lack of quality child-care, and limited access to healthcare and other community supports can be perceived as an indicator of child neglect rather than viewed as an unfair distribution of social resources. For Black and Hispanic families from historically marginalized communities, the intersection of all organizations within our child welfare system operates in simultaneously compounding ways and can create social barriers with limited opportunities for thriving. Children and families who are involved in multiple systems are at an even higher disadvantage, as intersectionality often exacerbates racial disparities, inequity, and biases that are at no fault of what the family has done or the decisions they have made. Centering racial equity at all systemic levels (individual, institutional, and structural), as well as addressing implicit and explicit biases is necessary to consider when assessing for the impact of neglect on child safety.

During this period under review, the refinement of the Connecticut ABCD Child Safety Practice Model has been underway. The ABCD Child Safety Practice Model is the overarching framework intended to guide the work of the Department. It is grounded in our Safe and Sound Culture, supporting us in making just, equitable, and sound decisions that first and foremost maintain child safety (Figure 11 below). In all aspects of our work, child safety is paramount. Because there is such a clear nexus between the ABCD Child Safety Practice Model and Anti-Racist practice, it has been essential to explicitly uplift the alignment throughout the implementation process. CTDCF intentionally aligned the racial equity work to the ABCD Child Safety Practice Model.

This alignment was a joint effort between the four Statewide Racial Justice Workgroup (SRJWG) subcommittees (Workforce; Policy; Data; and Systems) and the ABCD Child Safety Practice Model Core Implementation Team, which involved a multi-phase process of embedding racial equity and justice into the ABCD paradigm framework, five Discussion Guides (Intimate Partner Violence, Substance Use, Mental Health), Developmental Disabilities and Safety of Young Children ages 0-5, Practice Profiles, and relevant policies to uplift the implementation of the ABCD Practice Model.

The Connecticut ABCD Child Safety Practice Model Implementation Team developed a cadence of meetings to focus on reviewing the model documents to ensure the language was inclusive of racial justice

issues that often impact the children and families served by the Department. Each document was examined thoroughly to include questions and language that is inclusive of all races, ethnicities and cultural perspectives; while continuing to unwaveringly center child safety.

The foundation of the ABCD Child Safety Practice Model rests on the following four objectives embedded in an Anti-Racist, equitable, trauma-informed approach:

- Increasing consistency of safety related language;
- Increasing consistency of decisions and outcomes;
- Clarifying expectations for DCF staff and community-based partners;
- Increasing understanding of applied safety concepts.

In order to actualize the objectives, the implementation team, comprised of agency staff from diverse disciplines developed a plan that would effectively inform and educate the workforce on the model components which include the ABCD paradigm, the Practice Profiles, and Discussion. This was done through offering a series of trainings focused on building staff knowledge and skill acquisition. Staff were oriented to the model development, model components and expectations for utilization. The opportunity to ask poignant questions about the model and the impact it will have on practice was encouraged. The dialogue provided staff with an opportunity to think critically, examine their individual assessment skills, take ownership of their work and recommit to the importance of assessing risk and safety of the children and families on their caseload, within their unit, and office.

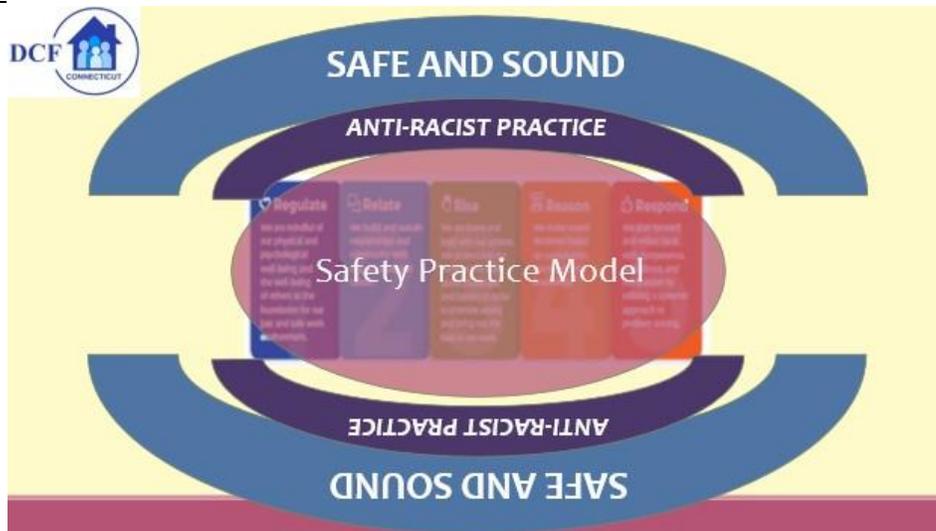
During this period under review, 50% of the agency staff received training on the overview of the model. Managerial and supervisory staff are in the midst of receiving training specific to the Practice Profiles. The model has also been integrated into many courses within the pre-service track.

In the Fall 2022, a leadership forum was held for middle and senior managers and directors. This event was for level setting and provided an opportunity for the audience to hear messages from the Executive team and their peers around the importance of the model. The day provided an opportunity for statewide leaders to conceptualize the model, while openly discussing the integration of the work from a leadership role. At the conclusion of the forum, directors and managers assumed ownership of the work and in doing so made a strong commitment moving it forward with their respective teams for further integration into the daily functions of the agency.

To ensure transfer of knowledge from the classroom, a series of virtual meetings entitled 'Real Talk' will be held monthly over the course of a year. These virtual meetings will reinforce the intersection of our racial justice work and maintaining the safety of children. While the agency is working towards eliminating racial disproportionality, child safety is not going to be compromised. Topics related to the model including but not limited to model implementation, the ABCD paradigm, Practice Profiles and Discussion Guides will be addressed during these virtual meetings. To enhance the meeting topics, individuals at varying levels within the agency will be invited to share their experiences using the model components in order to further assist in the assessment of safety. The meetings will encourage people to bring highlights of their work to further encourage others. They are also encouraged to share obstacles they may have encountered when applying the components. This will hopefully create a safe space for people to share and offer suggestions to remedy the issues. This activity will bring together staff for the purposes of learning from one another but also recognize the strong assessment work taking place across the agency.

During this period under review, a committee was formed to revise the ABCD Child Safety Practice Model Overview training in preparation for delivery to the agency's contracted providers. To date close to 100 providers have received the training. A plan to continue training the providers is under development.

Figure II



Service Array Analysis:

CTDCF continues its commitment to ensuring that the provision of services to families and children are culturally, linguistically, socially and economically relevant and symbiotic to the demographics of our children and families. The Department also ensures that all providers submit a detailed description on their agency's knowledge, expertise and understanding of diversity (including, but not limited to: racial, ethnic, gender and gender identity, sexual orientation, culture, linguistic, immigrant, disabilities, and religion) as it relates to the provision of services prior to the implementation of any service.

To achieve DCF's racial justice mandate, we must engage service providers in our communities who work directly with families to address the root causes of disparity and disproportionality that commonly affect families of color who are served by the child welfare and other human service agencies. COVID-19 has exacerbated these inequities with families of color experiencing more disparate health outcomes, challenges with access to quality medical, behavioral, and mental health services, educational disruptions, and barriers in meeting their basic needs. All this puts families at greater risk for coming to the attention of child welfare systems in the U.S.

Since 2016, the Department has maintained that all Requests for Proposals (RFP's) include explicit language stating the requirement that Department-funded services be responsive to diverse cultural health beliefs and practices, experiences of racism, preferred languages, health literacy and other communication needs. In 2019, the Department furthered this mission by requiring applicants in a Department RFP process to demonstrate in their proposals:

- § Their knowledge of the cultural makeup and dichotomy of the geographical regions they are proposing to serve;
- § The challenges the applicant has experienced and the strategies they have utilized to engage families in a culturally responsive manner; and

§ The applicant's commitment to cultural and linguistically competent care through the diversity of their organization and staffing composition. The scoring tools have been updated to provide increased points to providers who have diverse staff and leadership and/or that reflect the population served.

Capacity-Building for Community Providers:

In 2021, through partnership with Casey Family Programs, the Contracts Division furthered its efforts by establishing formal technical assistance to small, urban-led community providers. The goal of this effort is to build capacity within these smaller community-based providers to help them meet the states' requirements so that they can become funded service providers for children and families in their own communities. This initiative offers a 5-topic group learning collaborative, as well as individual assistance to providers looking to expand or begin collaborating with the Department on service provision to children and families. The learning series (group sessions) targets five specific areas commonly a struggle for small providers:

1. Basic Branding
2. Basic Record Keeping
3. Financial Statements
4. Contract Development
5. DCF 101

Part of this initiative is also 1:1 technical assistance to providers. Since the initiatives' inception, and since formal implementation, HEDCO (a company designed to assist small businesses with growing their business and our community partner on this initiative to successfully engage minority led, urban provider agencies to our service array) has worked with five different providers (some are still in process) on a variety of self-identified issues (e.g., Business Plan Development, Business Structure, Branding, Finance Review, Basic Record Keeping, etc.).

Racial Justice Institute for Community Providers:

In 2022, the Contracts Division released a Request for Qualifications seeking to establish a Racial Justice (RJ) Institute for Community Service Providers. The RJ Institute will strengthen DCF's efforts to engage providers of mental health and other community services in our Racial Justice and Equity work through participation in ongoing learning collaboratives, involvement with change initiatives and design of data informed strategies to enhance and promote equitable outcomes for all families served by DCF. This partnership will better align the Departments' values, mission and principles with the community partners and offer support in implementing strategies that are racially just and equitable that align with the Department's Anti-Racist framework. The Department is the final stages of the process and will soon be able to move forward with the selected provider.

Performance Outcomes for all POS Contracts:

The Department has continued its commitment to ensuring that all contracted community programs contain measurable performance outcome measures. As part of that effort, the Department's Service Outcome Advisory Committee (SOAC), comprised of CTDCF staff from all continuums: regional staff, social workers, system program directors, program coordinators, fiscal staff, contract management staff, Academy for Workforce Development staff, clinical staff and various other staff throughout the Department, as well as provider and consumer representatives, have begun an in-depth review of each contracted service type to develop Performance Outcome Measures for each of the 80 service types (330 programs) under contract with the Department. This initiative utilizes a standardized, comprehensive process that includes subject matter experts, the current provider network and consumers to develop standard performance outcome measures. Outcome measures specifically target the key performance indicators of the service type, provide consistency across the DCF service array and establish measurable

and attainable goals for all contracted providers, inclusive of a Racial Justice performance outcome measure for every service type. Two service types have been reviewed thus far.

Provider Information Exchange:

The Department continues to maintain a data collection and reporting system to support the monitoring and oversight of its contracted services. This system, the Provider Information Exchange (PIE), encompasses multiple programs across the state and contains multiple data elements that allows the Department to track and monitor utilization, outcomes and the quality of services delivered. These data are reportable by key client demographics, including age, gender and race and ethnicity.

Enhanced Service Coordination:

The Systems' Division continues to focus on enhancing our service system to better meet the needs of children and families by promoting strong engagement and collaboration within CTDCF and our community partners. In January 2023, the Division celebrated three years of Enhanced Service Coordination (ESC) being implemented to all CTDCF Regions. ESC is a needs focused consultation model to ensure that service referrals are focused on services that best align or match the identified needs for a family supporting our agency's efforts of moving from equality to equity. Equity recognizes that each child/family has different circumstances and as a result distributes the resources, supports and opportunities needed to reduce disparities and reach equitable outcomes.

During 2022, the Systems' Division continued working on their change initiative that focused on assessing and addressing disproportionality and disparate outcomes in service provision for families referred to the four ESC services (Intensive Family Preservation (IFP), Reunification and Therapeutic Family Time (RTFT), Parenting Support Services (PSS) and Child First). The change initiative promotes broad engagement with CTDCF Regions and Central Office Divisions, provider partners, and across Connecticut's broader child welfare system. Through this effort, the Division is actively assessing multiple factors that may contribute to disparities in service provision for the four ESC services to families with overarching strategies designed to raise awareness of racial inequities. The strategies have included engaging external stakeholders with the implicit bias training and Anti-Racist Framework and engagement of CTDCF staff and ESC service providers to understand service trends. A data dashboard has been created to assist in the tracking of outcomes by race.

Training for IFP/RTFT Providers:

In 2022, the Division successfully completed more trainings and presentations on CTDCF's Anti-Racist Framework and Implicit Bias training to all IFP/RTFT providers. These activities also included a follow up feedback surveys to identify opportunities to collaborate and determine unmet service provider needs in this work. The Systems Division reviewed baseline data for the two models to assess trends by race/ethnicity and comparing current data, to assess need to change practice. The Division, in consultation with other Divisions, identified an approach to assess data trends and convened multiple discussions to understand regional and statewide racial equity trends more effectively for IFP/RTFT that may provide baseline data to inform assessing other service types.

During 2022 Systems Division leaders co-chaired the DCF Racial Justice Service Systems Sub-Committee, a group that ensures that DCF contracted provider networks deliver services in a racial justice and equitable manner. The RJ Service System Sub-committee assisted in the infusion of racial justice/equity language and its philosophy in the new DCF ABCD Child Safety Practice Model presentation for providers to ensure that the providers can model the DCF practice and commitment to racial justice.

Urban Trauma Network

The Department has partnered with eight (8) organizations to become a part of the Urban Trauma Provider Network (UTPN). This is a revolutionary program specifically developed to provide educational and training support to providers regarding the deleterious effects of racial trauma on youths of color across Connecticut's urban areas. In partnership with Connecticut's Department of Children & Families (CT-DCF), the Urban Trauma (UT) organization is leading a transformative movement to educate and provide a community-based approach to understanding the effects of racism, discrimination and inequalities for urban youth throughout Connecticut.

This new network is aimed at improving the mental health services provided to youth of color. As part of this network, participating organizations will gain access and learn how to train mental health clinicians on Dr. Maysa Akbar's Urban Trauma Framework as well as on Dr. Kniffley's Racial Trauma Treatment intervention. This will educate providers to become well educated on racial trauma and the unique stressors of youth of color, as well as to teach them best practices on how to support their mental health within sessions.

As part of this network, the eight organizations will be able to train one-two clinicians on both Dr. Akbar's and Dr. Kniffley's racial trauma models and framework in order to increase Connecticut clinician's capacity to identify, treat, and support youth and children of color who have experience racial trauma. As part of this network, participating organizations will be able obtain these trainings through UT-PIC and will become a part of a larger network of providers who are currently in the process of being trained on both these models as part of this joint CTDCF-Urban Trauma Provider Network partnership.

The clinicians will have access to both online learning platforms and will be able to learn the material in a self-paced model. Clinician's trained in these models will need to complete both online models which takes approximately 20 hours in total to complete by a date that will be set by UT-PIC. At the completion of these online training models' clinicians will be required to attend a total of 12 one-hour fidelity sessions, which will be split into six fidelity sessions with Dr. Akbar's and Dr. Kniffley's expert consultants in order to obtain their certifications. As part of a larger improvement initiative, the clinicians' organizations will become a part of this incredible network and obtain access and support to racial equity improvement services and future trainings provided by UT-PIC. Since these trainings are being provided by a performance improvement center the organizations will have to abide by the rules and expectations set by UT-PIC as they relate to providing racially equitable services, marketing guidelines regarding level of certification for organizations and clinicians, and adhere to other guidelines set forth by UT-PIC as it related to certification.

Community Support for Families Program:

In April 2012, following the statewide implementation of our Differential Response System (DRS), funding was allocated by the legislature to provide continued support to families, who received a Family Assessment Response (FAR). Community Partner Agencies (CPA) were selected through a statewide procurement process in all six DCF regions to further support families and connect them to an array of community supports and resources, designed to promote the safety and well-being of children and their families. The program was designed to connect families to concrete, traditional and non-traditional resources and services, utilizing a Wraparound Family Team approach and philosophy, placing the family in the lead role of their own service delivery. UConn School of Social Work continues to function as our Performance Improvement Center to evaluate our intake practice, as well as outcomes and service delivery data for the Community Support for Families Program (CSF).

Figure 12: Disposition to Community Support for Families for SFY 2022

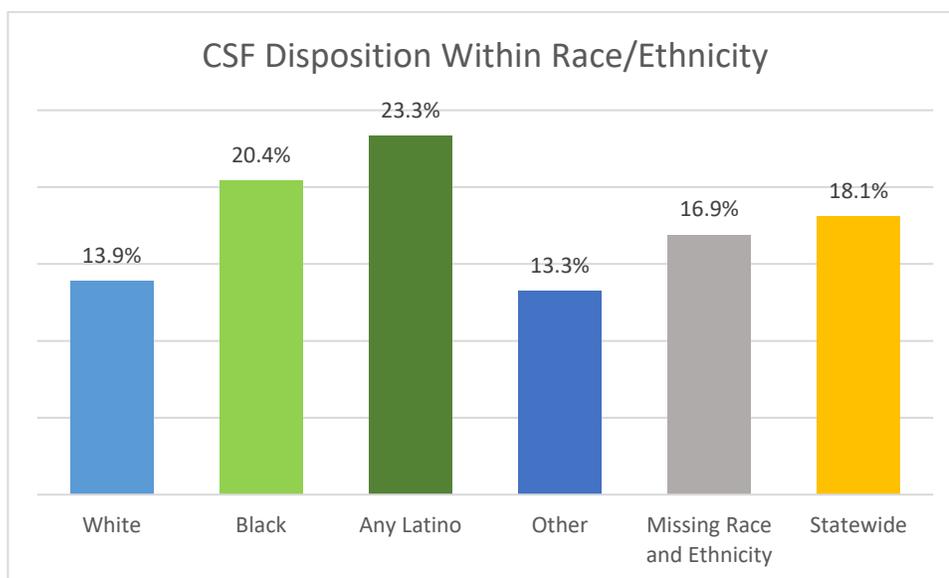


Figure 12 shows that of all families who received a Family Assessment Response in SFY 2022, approximately 18% of families were referred to the CSF program. Variations were noted by race/ethnicity which are as follows: 13.9% of White families were referred to CSF compared to 20.4% Black families; 23.3% Hispanic/Latino families and families of Other race groups at 13.3%. Nearly seventeen percent (16.9%) of families were missing race/ethnicity information for the primary caregiver. The family is the unit of analysis for the program and as such, the race/ethnicity of the primary caregiver is used in the analysis. Although there are differences in referral rates by race/ethnicity, there does not appear to be differences with families having access to the program for families of color.

Figure 13 - Families who completed CSF treatment; Race and Ethnicity for SFY 2022:

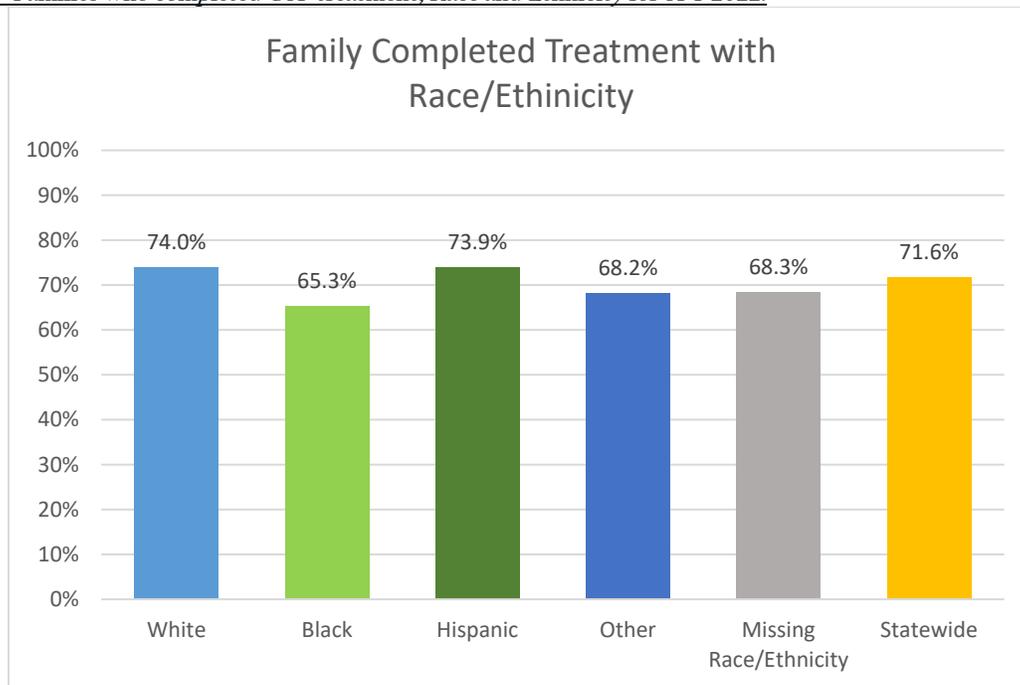


Figure 13 shows the families who completed CSF Treatment by Race/Ethnicity. Overall, 71.6% of families completed treatment. There was some slight variation by race and ethnicity; 74% of White families completed treatment compared to 65.3% of Black families, 73.9% of Hispanic/Latino families, and 68.2% of families of Other race groups.

Looking for areas of systemic racial injustice is critical; therefore, UConn's research agenda prioritizes analyzing and assessing potential racial disparities in the Connecticut child welfare system. To that end, UConn will examine disparities at key decision points of our intake practice including substantiation, central registry, safety and removal decisions, and case disposition. UConn will continue to evaluate outcomes of families who are referred to the CSF program through a racial justice and equity approach. As required, CTDCF will continue to submit our annual legislative report relative to our FAR and the CSF Program, inclusive of rates of subsequent reports and substantiations through a racial justice and equity approach. Assessing racial disparities in the Connecticut child welfare system will help inform our collective efforts to reduce racial disparities and ultimately achieve racial equity and justice.

Integrated Family Care and Support Programs (IFCS):

In partnership with Beacon Health Options, CTDCF established a program in early 2020 to empower and strengthen families as well as remove the stigma of CTDCF involvement for families accessing CTDCF funded services to address their needs. The development of the program was a result of a budget option submitted under CTDCF's prior administration following a review of data, specifically looking at the high rate of unsubstantiated case transfers to ongoing services. The program was developed in the belief that families would be better served in their own community without CTDCF involvement and aligns well with the Family First Prevention Services Act (FFPSA) and our prevention mandate. Integrated Family Care and Support (IFCS) was designed to engage families while connecting them to concrete, traditional and non-traditional resources and services in their community, utilizing components of a Wraparound Family Team Model approach. The length of service provided is 6-9 months based on the family's level of need and willingness to engage in services with an option to extend the length of service if needed. Families who meet the eligibility criteria can be referred to the program. Outcome Measures for the program focus on

engagement, family satisfaction, reduction in child maltreatment and several performance indicators and will be evaluated through a racial justice and equity approach.

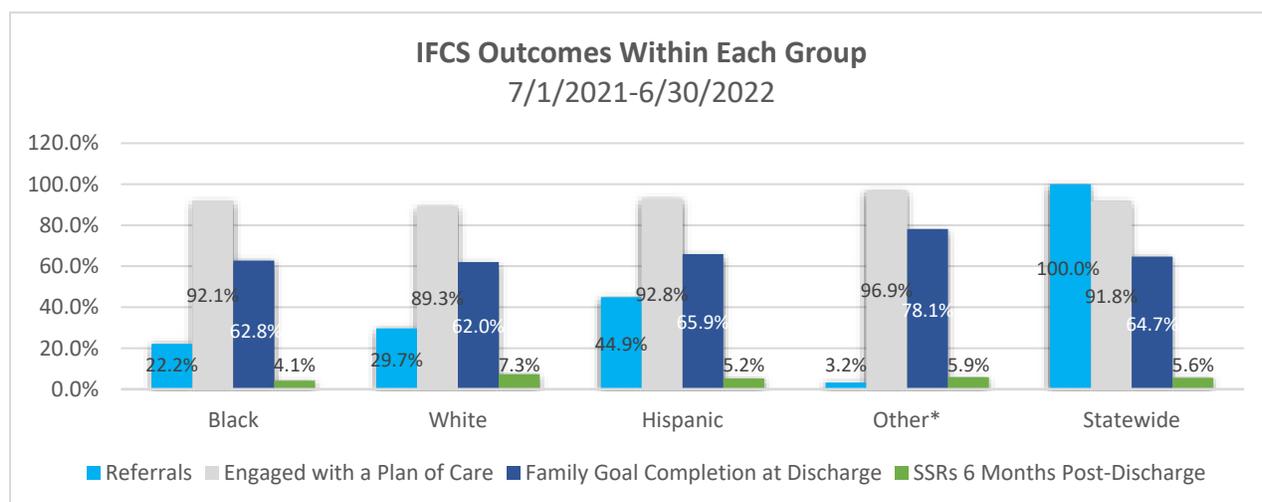
By the end of SFY 2022, a total of 2,450 referrals were made to the IFCS program since the program inception in 2020. IFCS is designed to be community-based, working directly with families in their homes. Care Coordinators and Peer Support Specialists live in the communities they serve and reflect the racial, ethnic, and language that predominates within the regions.

The return to working in the community generated a variety of responses from both families and staff specifically while still navigating the impacts of COVID-19. Care Coordinators reported an improved ability to engage with families due to the ability to accomplish more in-person than telephonically or virtually. In addition to increased family face-to-face time, many of the successes this past fiscal year were due to enhanced staff coaching and new chart auditing and outcomes monitoring processes. Beacon's IFCS team supported families of all races and ethnicities to turn limitations into opportunities and helped support families to meet their goals and keep children at home safely in their communities.

The Central Office Program Lead continues to meet with Beacon Health Options staff on a monthly basis to review referrals, address programmatic issues, review data, and develop data reports. Regional CTDCF/IFCS staff meet regularly to foster relationships between CTDCF/IFCS staff, address family specific concerns, promote communication, and ensure the needs of families are addressed. CTDCF will continue to work closely with Beacon Health Options and regional staff to assess and evaluate service delivery, child and family outcomes, as well as outcomes through a racial justice and equity approach.

Race and Ethnicity data is captured only for the primary caregiver of the families referred to IFCS. Figure 14 below represents several of the IFCS outcomes by race and ethnicity. The breakdown of race and ethnicity for the 1,282 referrals received within SFY 22 are as follows: 29.7% White, Non-Hispanic, 22.2% Black/African American, Non-Hispanic, 3.2% Other Race, Non-Hispanic, and 44.9% Hispanic/Latino, Any Race. Compared to last SFY, there was a 15.3% decrease in the number of referrals for primary caregivers identifying as Black, Non-Hispanic and a 14.5% increase in referrals for Hispanic/Latino families of any race.

Figure 14 IFCS Outcome by Race and Ethnicity for SFY2022¹



As shown in Figure 14, the percent of caregivers who engaged in the program, as defined by developing a plan of care, was similar for all groups; with Hispanic and Black caregivers engaged at a slightly higher rate than White caregivers. Engagement rates were lower for all demographic groups this year, compared to last year, except for the Other, Non-Hispanic population which represented only 3% of overall referrals this year.

Goal completion rates were similar among the White, Black, and Hispanic populations, with Hispanic caregivers having the highest rate of goal achievement among those three groups. The Other, Non-Hispanic population which, again, was a very small percent of the population, achieved the highest rate of goal completion overall (78.1%). Compared to last fiscal year, there was a 15.4% increase in the goal completion rate for Black primary caregivers, a 3.6% increase for Hispanic primary caregivers, and a 7.0% percent decrease in goal completion for White, Non-Hispanic primary caregivers.

The total number of subsequent substantiated reports (SSRs) 6-months post-discharge was 43 through 6/30/22. Rates of SSRs were lower than the statewide average for Black, Non-Hispanic and Hispanic populations and higher than the statewide average for the White and Other, Non-Hispanic groups. This varied from last year when Black, Non-Hispanic and Hispanic populations were higher than the statewide average.

Without pre and post-COVID-19 service data it is difficult to measure the impact of COVID-19 on IFCS service delivery. Reporting of race and ethnicity rates by referred, engaged status, and each of the program’s outcomes occurs quarterly and the ongoing monitoring of race and ethnicity rates by outcomes will continue to guide programmatic efforts in the year ahead.

Quality Parenting Centers (QPC)

Quality Parenting Centers (QPC) are designed for families with children (from birth up to age 12) who were removed from home due to child protective service safety concerns. Quality Parenting Centers (QPC)

¹ Note: The race and ethnicity categories above are represented according to DCF’s request and are different than the categories Beacon uses for reporting. For the Hispanic Origin category, DCF interprets a null value in both the Hispanic checkbox and ethnicity field as Non-Hispanic. Therefore, null values for ethnicity have been categorized as Non-Hispanic. *Other includes American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, Other, Multi-Racial, and Missing/Unknown.

provides a site-based supervised parent/child visitation program (Family Time) designed to provide a safe and comfortable place for parents to interact with their children. The Contractor utilizes coaching and other strategies that provide parents with opportunities to learn and practice new skills and maintain the parent/child relationship. Sibling groups in which one or more children are over the age of 12 may still be served through this program, at the discretion of DCF.

Quality Parenting Centers will be utilized to ensure the child's physical and emotional safety during contact with his/her family while attempting to strengthen the parent/child relationship, promote attachment, and enhance parental protective actions and capacities. QPCs are home like settings where families can use different areas of the home for mealtime, outdoor play, and rooms prepared for specific age children including infant and toddler family time areas. QPC staff are trained in the Coaching Model which uses a strength-based approach, with goals for the parent to identify and meet the needs of the child. The model includes shared parenting with inclusion of the caregiver in the service. There are currently 12 QPC sites across the state, with the first QPCs having opened in October 2021 and 4 sites having opened in 2022.

Parent child visitation is offered through a continuum based on safety concerns, presenting risk, progress with case plan objectives/goals, parental protective factors and capacities, child vulnerability, and the individualized needs of the family. This continuum is designed to preserve and enhance family and cultural connections, ultimately providing for the safety and well-being of children.

The families referred to the QPC will require close supervision and monitoring to ensure child safety as well as the ability to intervene if necessary due to safety concerns. The frequency and duration of parent/child visitation may be increased as parents are learning and demonstrating new skills, engaged in services and benefiting from service interventions. Any changes in visitation must have DCF approval and be reflected in the family's Visitation Plan.

The LEGO company is consulting with DCF and the QPCs, with 8 of 12 QPC sites having had some level of training in the Learn Through Play Model in 2022. QPC staff are implementing play philosophy in their settings.

Utilization of QPC has varied over 2022, with most sites having waitlists. For example, in December 2022, seven of 12 sites had waiting lists. Staffing challenges have impacted newly opened sites and two sites are still working at reaching full capacity.

In December of 2022, QPCs were actively serving 183 families and coaching 229 family time session per week. In 2022 QPCs monitored and coached 10,958 family time sessions.

The parent is the primary identified person for QPC services. The below discharge (figure 15) data is based on the parent(s) of the child. There are no trends as this is the first year that data is available. Initial data shows limited disparity for Black families in outcomes for program completion and goals met. Black families were able to transition to unsupervised family time at a higher rate than White and Hispanic/Latino families.

Figure 15: 283 Families Discharged from QPC in 2022

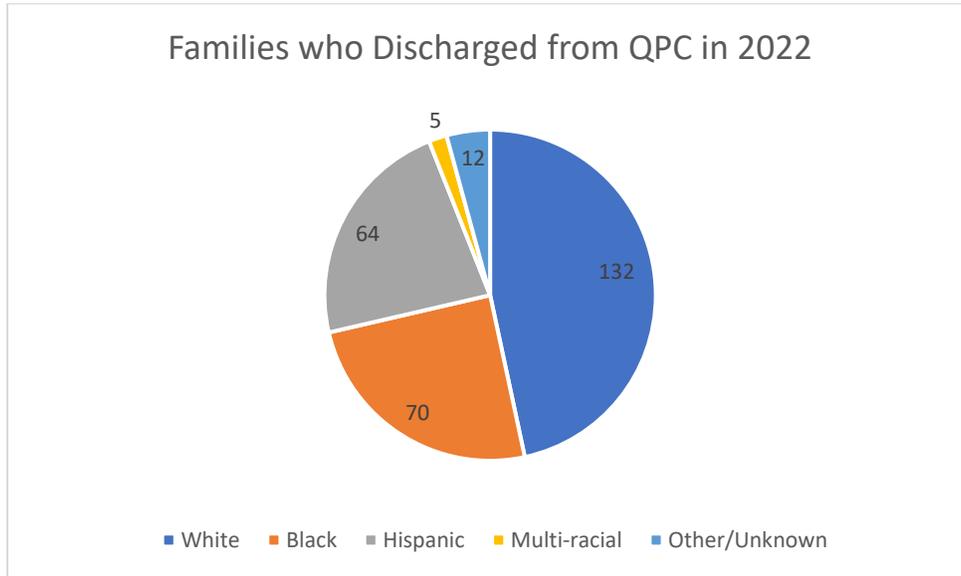


Figure 16: Discharge Outcomes - Completion:

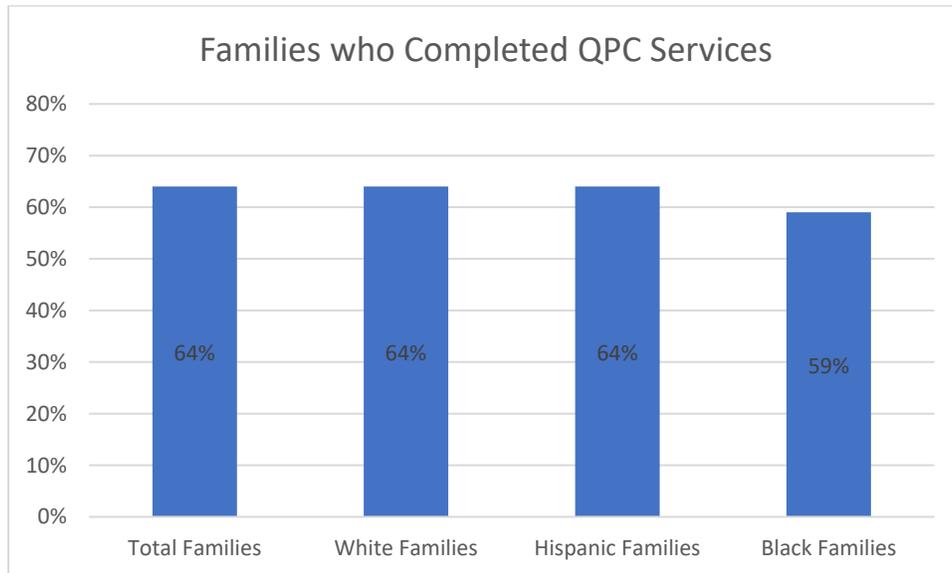


Figure 17: Discharge Outcomes - Met Goals

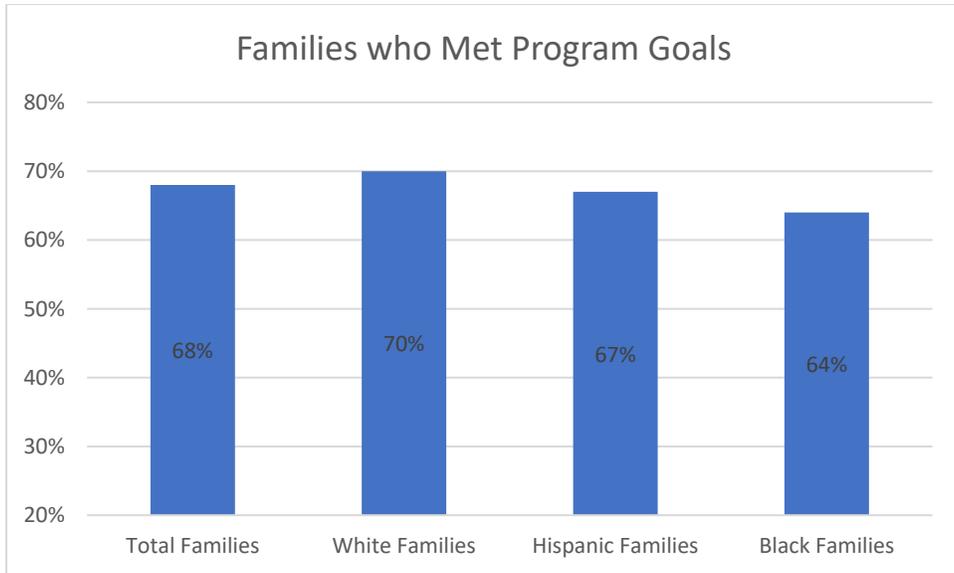
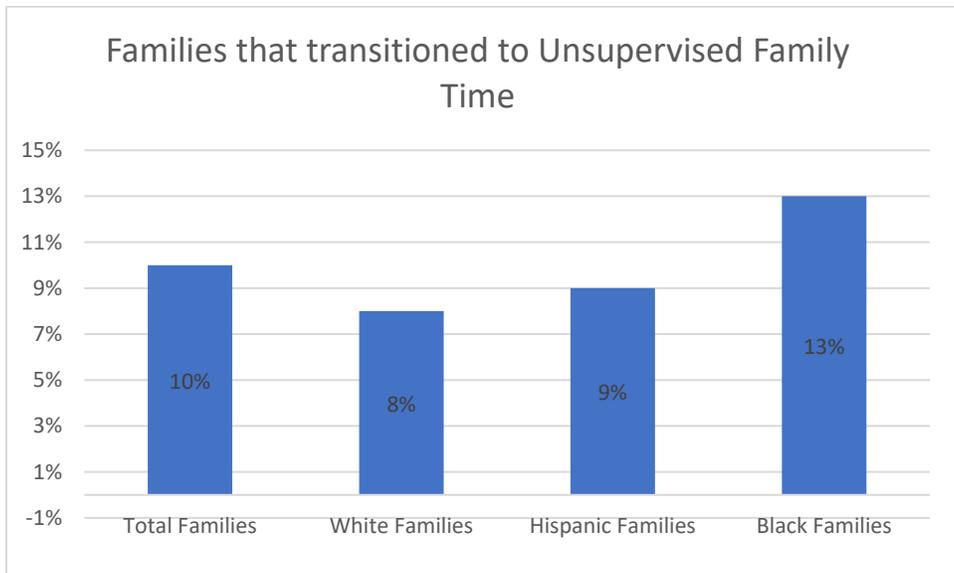


Figure 18 Outcome - Unsupervised Contact



Racial Justice and the Intersection of Fatherhood Inclusion and Equity:

In 2022, the Department heightened its emphasis on the *intersectionality* of father inclusion and racial equity. Being Black or Hispanic/Latino can place fathers of color at a significant disadvantage in playing an active role in their children's lives when involved in the child protection system. Studies have shown that when a father is not included in his child's life, there are increased negative outcomes associated with living in poverty, academic achievement, graduating from high school, behavioral health problems, substance misuse, teen pregnancy, and juvenile justice involvement. This also speaks to the level of discrimination and racism, such as unfair standards or discomfort, when not supporting a father with the same intensity as a mother. Similarly, when a father is actively involved and included in his child's life, whether or not he resides in the same household, there are increased positive outcomes for the child across all developmental domains. Therefore, honoring the father's race, ethnicity, cultural perspective, lived experience, and increased self-sufficiency is necessary to promote positive outcomes for children and prevent further reinforcement of biases and inequitable responses. For example, several area offices have committed to activities and events to elevate fatherhood inclusion and equity. The DCF Hartford Office saw the completion and dedication of a mural on their DCF Office building depicting fathers and children. The New Haven Office held a resource fair to open opportunities and introduce fathers to local supports and services.

A strong collaboration between DCF's Statewide Racial Justice Workgroup (SRJWG) and the Fatherhood Engagement Leadership Team (FELT), under the leadership of Commissioner Vannessa Dorantes, merged together to move this work forward with intention and purpose. On May 26, 2022, the SRJWG and the FELT Tri-chairs, Regional Leads, Racial Justice Subcommittees, External Consultants, and Executive Team met to discuss results-oriented strategies and actively implement change initiatives which support fatherhood inclusion and its infusion in our racial justice and equity work. The partnership between the SRJWG and FELT frameworks will continue to work together in their perseverance to achieve positive and equitable outcomes for our Black and Hispanic/Latino fathers and their children.

Fatherhood Engagement Leadership Team (FELT)

DCF utilizes a centralized structure, Fatherhood Engagement Leadership Team, to guide its approach to strengthening practice in all facets of our work with fathers. The structure is anchored by local FELTs in each area office, comprised of DCF staff members, community providers and fathers of children involved in the CT child welfare system, who meet monthly in identifying barriers regarding father engagement, inclusion and equity as well as to develop mitigating strategies. The FELT's are organized under the Statewide Fatherhood Engagement Leadership Team (SFELT), where they meet bi-monthly with representatives from other divisions within DCF as well as the facilities (SOLNIT's). The goal is to improve the outcomes for children and families involved with DCF by engaging and including fathers as equal caretakers in family planning and service delivery that takes into consideration their cultural, linguistic, and racial equity needs. To achieve this goal, the FELTs are oriented to the following objectives: address workforce attitudes, biases, and beliefs regarding fathers served by DCF; identify agency practices and policies which present barriers to father inclusion and employ strategies to mitigate these barriers; create community partnerships to support DCF's efforts of fatherhood inclusion and equity; and elevate a cross system culture of father value and importance. All efforts and activities are guided by and in alignment with DCF's 7 Key Strategies and the Department's Racial Justice mission toward transformation in being an Anti-Racist agency. In October 2022, the Department was highlighted on NBC News Today Show. In this segment the declining number of children in foster care was highlighted while also reinforcing the Department's commitment in strengthening practice and ensuring fathers are included and engaged at all stages and facets of our work.

Year 2022 was the second year DCF partnered with My People, a Hartford agency with expertise in fatherhood engagement, to advance the FELT structure, modeled after national the Fathers and Continuous Learning in Child Welfare Breakthrough Series Collaborative (BSC). Under the guidance of My People, each DCF Office continued the Plan Do Study Act (PDSA) process, initiating small tests of change to effectuate improved engagement. Offices participated in Strength, Weakness, Opportunity, Threat (SWOT) Analysis to further guide the development of PDSAs. Many PDSAs identified mechanisms to ensure fathers were involved in family planning. Notable initiatives included: Requirement that every family case supervision include a father update; Requirement that fathers are seen in first 30 days of a case opening and prompt timeliness of referrals to a Fatherhood community service provider. Structural PDSAs include the development of a Fatherhood Specialist within the DCF Office who is available to support case workers' efforts to locate and engage disconnected fathers and co-locating DCF and Fatherhood community providers for quick responsiveness on cases where fathers may need immediate assistance. The SFELT Tri-chairs presented to the DCF Statewide Racial Justice Workgroup their mission of Anti-Racism and equity and its intersection toward intentional efforts of fatherhood inclusion.

DCF continues its commitment in advancing racial equity related to fatherhood through ongoing workforce development. Each SFELT meeting involved a topical presentation discussion, including Abdul Rahmann I. Muhammad's, from My People, presentation of Moving from Engagement to Inclusion and Equity. Locally, Mr. Muhammad provided over 60 hours of training to DCF office FELTs, workgroups and leadership on strategies and training topics including: Turning 50 Barriers to Fatherhood Engagement into 50 Opportunities for Fatherhood Engagement; 21 Levels of Fatherhood Engagement; and 10 Steps to Working with Fathers Beyond Engagement. Furthermore, My People utilized unique learning opportunities for DCF Social Workers using interviews including the interview of Fathers, and a panel discussion called Getting Personal About Our Dads.

Interviews of Fathers: Interviewing fathers with lived experience, about their experience working with DCF. Through the questions designed and the participants' feedback, DCF workers could listen and learn from their peers and fathers who were previously involved with DCF.

Getting Personal about our Dads: DCF Social Workers and Providers were interviewed about their dads through a panel discussion. The purpose of this discussion was to allow the audience to hear from their peers about their experiences growing up. Participants shared how growing up with or without a day impacts their work. This critical, vulnerable, and insightful conversation helped to provide context to the way workers engage and include fathers.

Fatherhood Engagement Services (FES):

The purpose of this CTDCF-contracted program is to enhance the level of involvement of fathers in their CTDCF family planning and provision of effective and equitable services, strengthen fathers' positive parenting skills and to assist CTDCF with refining best practices working with fathers. CTDCF data highlights insufficient engagement of fathers resulting in unmet standards for assessment and needs met. While the Department's family strengthening practices are inclusive of fathers, intentional focus is needed to ensure that fathers are encouraged and supported to be as intensely involved as mothers.

Fatherhood Engagement Services ("FES") provides intensive outreach, case management services and 24/7 Dad© group programming. Case management services will help to mitigate barriers to more effective engagement through assessment of needs, advocacy, and linkage to supports and services, while 24/7 Dad© services will teach skills and characteristics to strengthen the father's parenting relationship. There is an additional FES team providing outreach to incarcerated fathers designed to link them to their local FES provider.

In 2022 successes and challenges continued for community-based programs. FES experienced increased acuity of needs on the part of fathers and staffing changes. All programs saw full caseloads and some waitlists, with an overall increase in number of dads served. The total number of fathers served by FES program during the year was 420.

The below charts capture the outcomes for fathers served and closed out by FES in state fiscal year 2022. Those remaining involved at the conclusion of the state fiscal year are not included in this year's outcome data. Two hundred forty-three (243) cases were closed during the state fiscal year and are included in the following outcomes. The 243 fathers accepted the service and were enrolled and subsequently closed, with either an unsuccessful closeout or successful completion. The below slides capture outcomes for the 243 fathers served and closed during the year.

Figure 19 shows the percent of fathers by race and ethnicity who, following referral, accepted the service and were enrolled in FES. Contractors reflect that those not engaged often were unresponsive to outreaches. They report that few fathers directly decline the service when presented in a one-on-one discussion.

Figure 19: Engagement Rate of Fathers by Race and Ethnicity:

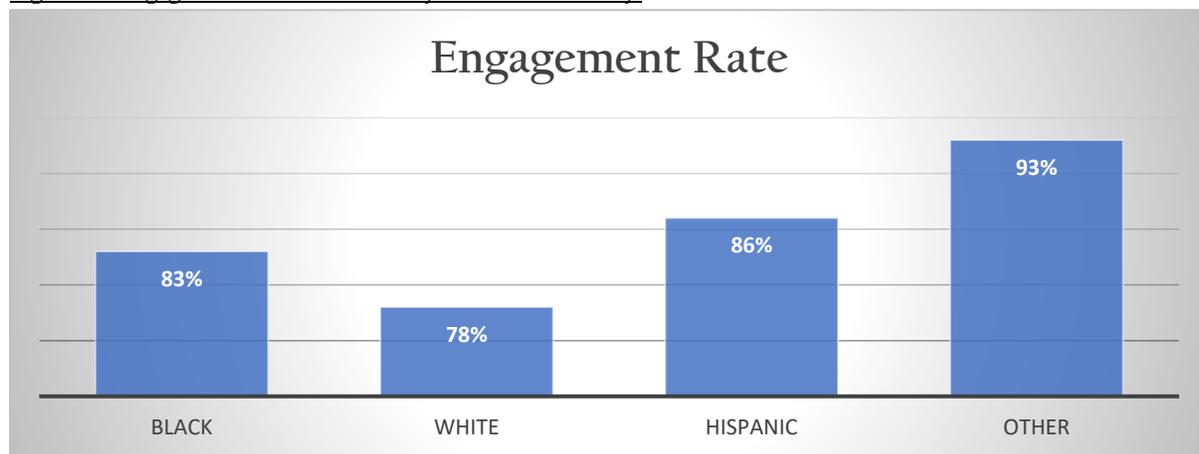
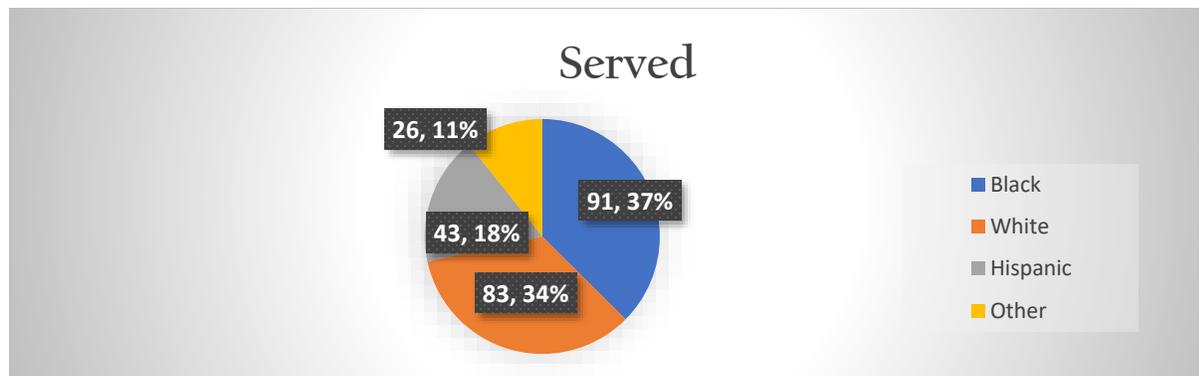


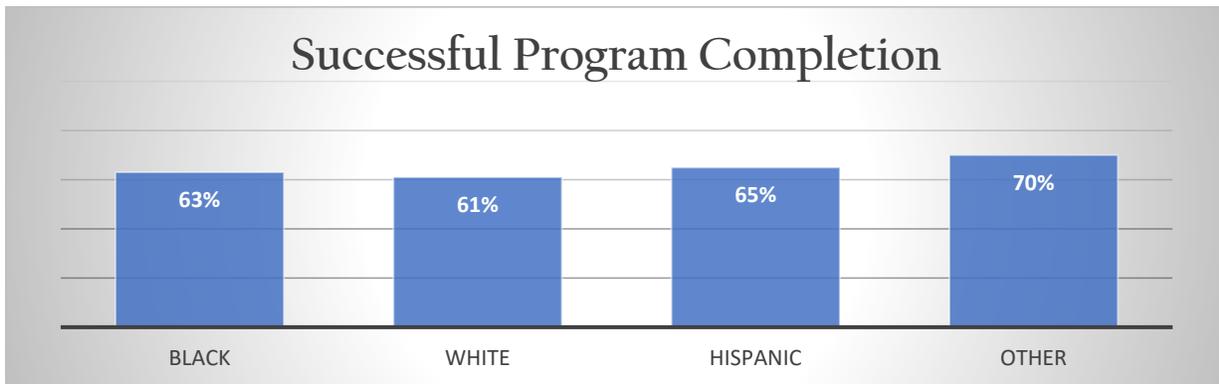
Figure 20 shows the racial and ethnic composition of father served during the year. This represents small shifts in the demographics with the most notable being an 8% decrease in the Hispanic population. This may be due in part to staff turnover in the programs and subsequent difficulties in hiring bilingual staff.

Figure 20: Fathers served



Successful Program Completion (Figure 21 below) saw a rise from the prior years. Providers reflected on the impact of COVID and distanced service provision as major barriers in prior years, with some of that easing. Hispanic fathers, while representing a smaller segment of the population served, completed successfully at a much higher rate, with a 16% increase over 2021. Fathers identifying as Other saw a similar increase in rate of successful completion. Similarly, there was a complementary increase in successful completion of the 24/7 Dad curriculum.

Figure 21: Successful Program Completion by Race and Ethnicity:



For additional information regarding the expanded service array and utilization of services please reference the Department's Annual Progress and Services Final Report that was submitted in June 2022.

Governor's Task Force on Justice for Abused Children (GTFJAC) Racial Equity and Implicit Bias

The GTFJAC conducted a statewide assessment of Connecticut's systems and finalized a three-year assessment this past year. Key GTFJAC stakeholders participated in the assessment process. Several participants raised systemic racism, racial inequity, and implicit bias during the three-year assessment process. Language and cultural barriers impact the experience of some victims, their families, and the character and quality of the interactions families have with professionals doing this work. The task force developed a recommendation in this area for the next three years. As part of the recommendation, the Task Force and Connecticut's Children Alliance (CCA) will continue to support the Multidisciplinary Teams (MDT) /Children Advocacy Center's (CACs) in the state. Through the work of existing and new committees and engaging key stakeholders, the task force will develop strategies to address systems that contribute to the lack of culturally competent services in Connecticut.

The Task Force developed a request for proposal (RFP) for a Diversity, Equity, & Inclusion consultant to help audit, recommend and implement policies, practices, programs, and organizational behaviors that foster authentic diversity, equity, and inclusion within the areas of Task Force jurisdiction and its programs. The outcome of the work should position the task force internally and externally for greater engagement and impact with diverse communities. This includes helping to increase racial, ethnic, gender, sexual orientation, ability, and ideological diversity across our membership while expanding our culture of inclusion within the task force. The work with the consultant will build the capacity of the task force to systematically reduce and eliminate disparities and inequities, increase access to and utilization of services by children and families who are members of historically underserved racial, ethnic, and linguistically diverse groups.

Conclusion:

The Report on CT DCF's Racial Justice Data, Activities and Strategies does not work in isolation, but when aligned across systems, can make significant strides in eliminating racial disparities and bringing greater equity in access, experiences, and outcomes for children, families, and communities. The racial reckoning that continues and has taken hold in communities across CT and the nation during 2022, including going into its third year of the COVID pandemic, presents a critical opportunity to make meaningful, sustainable, and structural change. Children and families, who are at the heart of this change, interact with multiple overlapping systems which can create additional challenges in thriving. Therefore, changes to the Department alone will not solve the root causes of the myriad of social inequities and racial disparities in access to resources and opportunities that many children and families of color face. Continuous work and advocacy by CT DCF, state leaders, service providers, community partners, and children and families across Connecticut will provide actionable, purposeful, and essential steps toward a child welfare system that actively addresses Anti-Racism.

Monica Rams, MS

Director of Multicultural Affairs/Diversity and Equity

Jodi Hill-Lilly, MSW

Deputy Commissioner/Executive Sponsor

Commissioner Endnote:

CT DCF continues to be proud of our efforts to remain data informed, infuse results-based policies, programs, and strategies will continue to be prioritized at dismantling systemic racism and closing the inequitable outcome gaps across DCF Pathways. I remain humble and appreciative of internal and external attention to equity in every facet of our work. CT DCF looks forward to deepening the partnerships that have been established with youth, families, communities, service providers and across all three branches of government (sister state agencies, judicial collaboratives and legislative committees). These collaborations will further improve equitable outcome across the entire child well-being system.

Vannessa L. Dorantes, LMSW

CT DCF Commissioner